

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-020024

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 173

STATE FILE NUMBER

FILED JUN 1 1962

1. PLACE OF DEATH

a. COUNTY St. Charles

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Charles

Length of stay in lb  
Life

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Joseph Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY St. Charles

c. CITY OR TOWN St. Charles

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
1125 N. Third St.

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
Hubert Joseph Boschert

4. DATE OF DEATH  
Month Day Year  
May 23, 1962

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
Jun. 1, 1887

9. AGE (last birthday)  
74

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Cutter

10b. KIND OF BUSINESS OR INDUSTRY  
Shoemaking

11. BIRTHPLACE (City and state or country)  
St. Charles Co., Mo.

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME  
Raymond Boschert

13b. MOTHER'S MAIDEN NAME  
Rachel Boschert

14. NAME OF HUSBAND OR WIFE  
Mabel Hafer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
Yes W.W.I

16. SOCIAL SECURITY NO.  
[Redacted]

17. INFORMANT  
Mrs. Mabel Boschert, St. Charles, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage  
Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH  
26 Months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 25, 1962 to May 23, 1962 and last saw him alive on May 23, 1962  
Death occurred at 10:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE  
W.H. Poggenmeyer (Degree or title)

22b. ADDRESS  
St. Charles, Mo.

22c. DATE SIGNED  
May 24, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
May 26, 1962

23c. NAME OF CEMETERY OR CREMATORY  
St. Chas. Borromeo Cemetery

23d. LOCATION (City, town, or county)  
St. Charles, Mo.

24. FUNERAL DIRECTOR  
H.C. Dallmeyer & Sons, St. Charles, Mo.

25. DATE RECD. BY LOCAL REG.  
May 25, 1962

26. REGISTRAR'S SIGNATURE  
Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

JUN 5 1962 NNC

JUN 4 1962 NNC

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles J. Mache  
Licensed Embalmer No. 4530  
P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.